Residency Manual

Department of Obstetrics and Gynecology

American University of Beirut Medical Center
2013-2014

I. Introduction

Congratulations on your selection to the OB/GYN Residency Program at AUBMC. We promise you a superior educational experience and the opportunity to make some lifelong friends. From you, we expect your best efforts and your hardest work.

By the end of your residency:

- ♦You will have begun to understand what it means to practice as a physician.
- ♦You will have vastly increased your knowledge base; understanding that it is always incomplete and that medicine requires life-long learning.
- ♦You will have learned what the practice of evidence-based medicine means and that "see one, do one, teach one" is a time-honored but outdated phrase.
- ♦You will understand that healing doesn't always mean curing and that sometimes the healing goes from patient to physician rather than the other way around.

It's going to be a great ride for all those willing to give their best. Our residency program will provide you with a high quality, structured, progressive educational experience in all aspects of the practice of OB/GYN.

I. Educational Objectives of the Residency Program

Curriculum

The specialty of OB/GYN is devoted to the health care of women. Residency training in the OB/GYN department is thus directed towards managing normal and abnormal processes of the female reproductive system, including the medical and surgical treatment of gynecologic disorders, pregnancy and childbirth and preventive medical care.

Residency training in OB/GYN consists of four years of residency. One resident educational policy emphasizes the development of analytical skills that would prepare the physician for an intellectual approach to problem solving. The department encourages the development of strategies that promote an atmosphere of learning and personal development. Special emphasis is placed on the acquisition of skills, values,

and attitudes needed in medical practice, more so than on the development of a short-sighted information-intensive approach and build-up of factual information.

Educational objectives include promoting cognitive and behavioral learning through close and direct assistance and supervision by attending physicians, and weekly conferences and seminars.

A. Post-Graduate Year I

Program Description:

We have 5 straight categorical PGY1 positions and 2 Preliminary PGY1 positions. Therefore, the 5 categorical PGY1 will be subject to promotion into the PGY2 year at the end of the academic year (if they fulfill all requirements including basic knowledge, clinical skills, bed-side manners, as well as performance on the CREOG in-training examination). The 2 preliminary PGY1s will be leaving at the end of the year unless the program director, chairman, faculty decide to offer an extra PGY2 position (GMEC approved) for that subsequent year and the candidate accepts such a position.

The PGY1 year includes 13 blocks of training in OB/GYN (ambulatory, emergency department and hospital care services).

Educational Objectives:

During this year, training physicians acquire basic knowledge in OB/GYN and develop a problem-solving approach to common obstetrical and gynecologic diseases. In addition, they are required to attend to the basic cardiopulmonary resuscitation course for adults offered at the AUBMC.

PGY1s are requested to prepare the weekly resident education sessions (PGY1s' Lecture), which consist of presenting classical topics in OB/GYN.

B. Post- Graduate Year II

Program Description:

The PGY2 year includes 13 blocks of formal training in OB/GYN, namely delivery suite and emergency care services.

Some of the residents (by choice) will also be spending 2 months of the year at Henry Ford Hospitals in Detroit, Michigan rotating in the Maternal-Fetal Medicine unit and gynecology division. They will be part of the residency program there for these 2

months. They will be taking calls as scheduled by the Department at Henry Ford Hospitals.

Educational Objectives:

PGY2 residents are trained to develop a practical and comprehensive approach to general obstetrics (including antepartum, intrapartum, and postpartum management and care) and family planning (including contraception). They also learn the basic technical skills for normal and operative obstetrical birth. Residents also acquire a complete understanding of routine screening in gynecology and preventive medicine.

They are requested to organize and present weekly journal clubs, using an analytical approach to recent developments in the field.

C. Post-Graduate Year III

Program Description:

The PGY3 year of training includes 13 blocks of formal training in OB/GYN (ambulatory and hospital care services), ultrasound, reproductive endocrinology and gynecologic pathology.

Some of the residents (by choice) will also be spending 2 months of the year at Henry Ford Hospitals in Detroit, Michigan rotating in the Maternal-Fetal Medicine unit and gynecology division. They will be part of the residency program there for these 2 months. They will be taking calls as scheduled by the Department at Henry Ford Hospitals.

Educational Objectives:

Physicians at this level learn to develop a practical and comprehensive approach to prenatal counseling and the management of high risk conditions in obstetrics. They also perfect essential technical skills in operative vaginal and abdominal obstetrical birth as well as laparoscopic surgeries. They acquire surgical skills in operative gynecology.

Residents are requested to present weekly journal clubs, covering specialized and controversial topics in OB/GYN.

Post- Graduate Year IV

Program Description:

The PGY4 (chief resident) year of residency training includes 13 blocks of formal training in OB/GYN (ambulatory, emergency and hospital care services), gynecologic oncology.

Educational Objectives:

Fourth year residents (chief residents) are trained to perfect gynecologic surgical techniques as well as basic and advanced obstetrical skills needed for their future clinical practice. They are guided to develop a comprehensive clinical approach to decision- making situations in OB/GYN, with emphasis on sound clinical judgment and self-confidence. They are exposed to common problems in reproductive endocrinology, including abnormal sexual development, infertility, and issues related to the menopause. They also acquire basic management and technical skills in maternal fetal medicine, including prenatal and antenatal counseling, maternal diseases and complications. Residents are also exposed to gynecologic oncology, with special emphasis on epidemiology and screening for gynecologic cancers, and identification of patients at risk. They are responsible to be involved in the care of all the OPD patients (OB/GYN) and be consultants to the junior students. They are expected to be in the OPD on a daily basis.

Fourth year residents are involved in the teaching of junior residents and medical students. They are requested to present 2 to 3 grand rounds to the department staff and lectures to the medical students. They are also required to participate and present (preferable publish or submit for publication) a research project at the conclusion of the year in order to graduate.

Additional Goals:

The aim of this curriculum is to provide physicians with a complete and adequate training in OB/GYN. The introduction of technologic advances into the field of OB/GYN has significantly changed the map of patient care, leading to a high influx of new diagnostic and therapeutic modalities. It is the department's priority to provide residents with an adequate exposure to such new technical advances in medicine, namely in the fields of endoscopic surgery and assisted reproductive technology.

Residents are also required to handle and analyze complex information and data, and hence should be skilled in information and computer management, and knowledgeable in statistics. They are oriented to be actively involved in research, both clinical and basic, and in literature writing (reviews, case reports, etc.).

Since residency is only a single aspect of a lifetime education, residents are encouraged to develop a life-long pattern of independent self-assessment in the cognitive and

technical aspects of the practice, and develop strategies to continually improve the delivery of health care by attending to continuing medical education programs. Emphasis is also made on the development of a scientific mind that enables the physician to develop a pattern of learning that meets the demands of health care.

In addition to the development of cognitive and technical skills, the department is interested in promoting ethics. Residents are expected to function in an ethical and informed manner, and to be sensitive to the delicate psychological needs of patients. They should also demonstrate responsibility to patient education, and protect patients' confidentiality. Effective communication skills should be developed with patients and fellow colleagues. Resident physicians have the added responsibility to teach medical students and junior residents.

Performance is evaluated on an ongoing basis by obtaining feedback on achievement. To enhance this process, periodic written examinations covering seminars and other forms of learning, yearly CREOG in-training examinations and an OSCE at the end of the academic year are performed.

All interns and resident are expected to sit for the CREOG in-training examinations as well as the OSCE, which are used as a means for evaluating individual and program performances.
In addition, a formal laparoscopy training course has been developed to help residents at all levels to improve their skills. The course director is Dr. Joseph Nassif (Please see attached files on website for more details).

Residency Program Office

Primarily the program director and the administrative chief resident supervise the housestaff.

II. Resident Advisors

RESIDENT	**ADVISOR**
PGY IV	
Rouba Obeid	Dr. Ghazeeri
Alain Chalhoub	Dr. Hannoun
Sara Faour	Dr. Awwad
Dima Ezzedine	Dr. Bazi
Salah Malas	Dr. Ghulmiyyah
PGY III	
Alain Abdallah	Dr. Khalil
Elie Moubarak	Dr. Nassif
Stephanie Fellas	Dr. Nassar
Sally Khoury	Dr. Usta
Amal Nasser Eddin	Dr. Ghulmiyyah/Awwad
PGY II	
Anastasia Salame	Dr. Abu Musa
Salma Jabak	Dr. Seoud
Sandra Geagea	Dr. Nassar
Elie Mikhael	Dr. Mirza
Rami Helou	Dr. Aswad
PGYI	
Stephanie Hakimian	Dr. Mirza
Serge Mattar	Dr. Abu-Musa
Dalia Khalife	Dr. Adra
Alaa El Housheimi	Dr. Ghazeeri
Sarah Dakhlallah	Dr. Nassif
Nadine Hammoud	Dr. Karam
Hala Maalouf	Dr. Mroueh

Residents should meet with their advisors at least twice a year.

PGY I

Team Leaders:

PGY-I	Alaa El Housheimi
PGY-II	Sandra Geagea
PGY-III	Stephanie Fellas
PGY-IV	Rouba Obeid

III. Faculty

The full- and part-time faculty of the Department of Obstetrics and Gynecology (OB/GYN) is structured into divisions which provide an in-depth coverage of the broad areas which are the responsibility of the discipline.

Interim Chair

Anwar Nassar, MD

Vice Chair

Muhieddine Seoud, MD, FACOG

Program Director

Labib Ghulmiyyah, MD, FACOG

1. Division of Maternal Fetal Medicine

Ihab Usta, MD (Head)
Anwar Nassar, MD
Abdallah Adra, MD
Labib Ghulmiyyah, MD, FACOG
Fadi Mirza, MD, FACOG

2. Gynecologic Oncology

Muhieddine Seoud, MD, FACOG
Ali Khalil, MD

3. Division of Reproductive Endocrinology and Infertility

Johnny Awwad MD, (Head)
Antoine Abu-Musa, MD, PhD
Antoine Hannoun, MD

Ghina Ghazeeri, MD
Karam Karam, MD
Adnan Mroueh, MD

4. Gynecology, Urogynecology

Fayez Suidan MD, FACS
Tony Bazi MD
Naji Aswad MD

5. Laparoscopy/Minimally Invasive Surgery

Joseph Nassif MD

Core Faculty Members

These physicians take a special interest in teaching and allow a significant amount of resident participation in patient care and management. The working relationship between the residents and the core faculty is outstanding and the rewards for resident, attendings, and patients are evident.

Attendings

Anwar Nassar, MD	an21@aub.edu.lb
Fadi Mirza, MD, FACOG	fmirza@aub.edu.lb
Joseph Nassif, MD	jn25@aub.edu.lb
Muhieddine Seoud, MD, FACOG	mike@aub.edu.lb

Attending of the Week

Each week, an attending is assigned to cover the non-private service whether in the delivery suite or the emergency room. The attending of the week is responsible for conducting daily morning rounds (starting at 7 a.m.) and giving a didactic lecture on Monday (at 7:30 a.m.). All residents, with no exception, are expected to be present during these rounds. The attending of the week will help in the coverage of the service and will be readily available for supervision and support.

General Information

Parking

Residents can park their cars in the Medical Center's staff garage facing the medical gate on Bliss Street.

Pagers

All residents will receive a pager, which will be their primary method of receiving calls. Routine maintenance (usually one AA battery replacement once a month) can be taken care of by Miss. Lina Ghulmiyyah. *The pager should be carried at **all times*** and never turned off. When scrubbed on a surgical procedure, the pager must be kept with a colleague who will take your messages.

Uniforms

When you begin orientation, you will receive two white coats. You will be provided with one new coat each year. This constitutes the uniform for the residency, and it is your responsibility to maintain these coats in a presentable condition. It is expected that residents appear professional at all times; please do not dress in scrubs, jeans or sneakers (refer to AUBMC dress code policy). White coats are to be worn if in scrubs. Ties are expected to be worn by all male residents and comparable attire is expected from all female residents. Remember that your patients, as well as the hospital personnel, look upon you as a physician in every sense of the word. Also remember that you are an employee and are expected to adhere to the written dress code. Your ID badge should be worn and visible at all times as well.

Meal Tickets

Meal tickets are provided for residents while on duty. They will be assigned to those residents electronically through the residency office.

E-mail

Every resident will have an American University of Beirut Medical Center (AUBMC) email account assigned to them at the start of the residency program. All communications to the residents are handled through email and it is essential that you check your mailbox regularly for important information. All emails, reminders and announcements sent to you are considered as read, whether you read them or not.

Vacation Requests

The department's vacation/leave policy is based on compliance with the rules of the GME Office at AUBMC. **Four weeks of paid vacation are allowed per year for every resident.** No vacation will be granted in June, the last two weeks of December and the first two weeks of January, without exceptional circumstances. No more than one person from any rotation team can be off in a given week and generally no more than two total residents can be off per week unless special permission is granted. For this system of civilized call to work, it is YOUR RESPONSIBILITY to request your vacation in WRITING by e-mail to the Chairman at least FOUR WEEKS before the date (no exceptions allowed). If your vacation request is not made at least four weeks in advance, your request will be denied unless special circumstances exist.

Parental Leave (as per GMEC policy)

Up to one week of paid leave will be granted following the birth or adoption of a child. Residents who plan to utilize parental leave are expected to notify their Program Director and Chief Resident, and complete the attached AUB Leave Request Form, as soon as they know they will need to use parental leave to facilitate appropriate scheduling. The period of time allocated for parental leave is in addition to allotted vacation and sick time.

Maternity Leave (as per GMEC policy)

Length of Leave and Continuation of Stipends and Benefits

Female residents will be entitled to eight weeks (seven weeks Maternity Leave and 1 week Parental Leave) with full pay and benefits for an aggregate period preceding and immediately following delivery. In no case will such a resident be allowed to resume her work before five weeks from the date of delivery. A resident may with the approval of the Program Director or Department Chair be granted an additional period of leave without pay with full benefits prior to and/or following delivery. (Refer to policy "Effects of Leaves of Absence on Satisfying Criteria for Residency Program Completion").

Procedure for requesting leave

Early (1st trimester) written notification will be given to the Program Director or his/her designee and the attached AUB Leave Request Form will be completed.

Procedure for alteration of leave due to an unanticipated event or complicated delivery.

Complicated pregnancy or delivery will be handled through the American University of Beirut Medical Center's "Sick Leave for Residents" policy.

Continuation of stipends and benefits if additional months of training are necessary to complete program requirements.

An extended appointment period with stipends and benefits will be granted as determined by the Program Director in consultation with the Assistant Dean for Graduate Medical Education/DIO.

Continuation of leave beyond eight weeks

If the resident wishes to extend maternity or parental leave, days will be charged to unused vacation. Further days will be considered as leave without pay as per policy ("Effects of Leaves of Absence on Satisfying Criteria for Residency Program Completion"). Health benefits will be maintained under the same conditions as if the resident continued to work. If both parents are employed by the University, only the parent who is the primary caregiver will be eligible for extended leave beyond the eight weeks.

Illness

If absent because of illness, the resident should notify the senior resident on the service, the program director and the residency office.

Emergency Leave

Emergency leave for family problems should be requested directly from the Program Director. Time away for emergency leave will be covered by previously obtained personal days or from future personal days.

Residency Organization

Clinical Competency Committee

The Clinical Competence Committee (CCC) for the Obstetrics & Gynecology Residency Program is charged with monitoring housestaff performance and making appropriate disciplinary decisions and recommendations to the program director. The Clinical Competency Committee for the Obstetrics & Gynecology Residency Program at the American University of Beirut medical Center is composed of the below members of the residency faculty.

Name	Email	Pager
Dr. Anwar Nassar Interim Chairman	an21@aub.edu.lb	0571
Dr. Labib Ghulmiyyah Program Director	lg08@aub.edu.lb	0566
Dr. Muhieddine Seoud	mike@aub.edu.lb	0576

Program Evaluation Committee

The Program Evaluation Committee (PEC) for the Obstetrics & Gynecology Residency Program is responsible for the evaluation of the program's curriculum and quality of education. The members of the committee are comprised of the Program Director, the administrative chief resident and the below members of the residency faculty.

Name	Email	Pager
Dr. Anwar Nassar Interim Chairman	an21@aub.edu.lb	0571
Dr. Rabi' Chahine RHUH coordinator	rc23@aub.edu.lb	
Dr. Abdallah Adra (TGH coordinator)	aa107@aub.edu.lb	0571
Dr. Antoine Abu Musa	aa06@aub.edu.lb	0567

Chief Resident

The administrative chief resident is a fourth year resident appointed for a 12-month period. The administrative chief resident is voted on by the Residency Education Committee and approved by the program director.

Moonlighting (having another job)

Moonlighting is not permitted due to work hour regulations.

In-Service Examination

Each January, all residents are required to take the CREOG examination. This examination is prepared by the Council on Resident Education in OB/GYN. It is held on the same day for all OB/GYN residents in the US and in Lebanon. This examination is mandatory for all AUBMC OB/GYN residents, any exceptions must be approved by the Program Director prior to the day of the examination. Failure to take this examination without the appropriate approval will result in disciplinary action.

Evaluations

Residents are evaluated three times during the academic year. Faculty members complete evaluations through "My Evaluation" system. The program director reviews all evaluations and meets with the residents to discuss their six-month evaluation. In addition, after meeting with Program director, the Chairman meets with each resident once yearly to discuss their overall performance. Evaluations of the core competencies will be done periodically throughout the year (also through "My Evaluation"). These evaluations are placed in every resident's permanent file and may be reviewed by the resident at any time. Residents will also be evaluated by the patients through a questionnaire provided to them prior to discharge from the hospital.
Residents are also required to evaluate the residency program every year in early June.

Conferences

Attendance at departmental activities is required by all residents.

Residents are encouraged to submit their research to national, regional and international meetings and if accepted for presentation, they will be supported by the department.

Research

Each resident is required to take part in a clinical research project prior to graduation. All residents are required to present their proposals and are required to present their completed project during the Annual Resident Research Day. **Completion of a research project is required in order to graduate from the training program**. All residents are required to submit their completed projects for publication.

Annual Awards

Awards are presented at the annual graduation banquet and they include:
Best Overall CREOG Score
Best Resident Teacher of the Year
Resident of the Year

Recipients will receive a gift and a certificate.



For the academic year 2013-2014

Interim Chairman: Dr. Anwar Nassar Ext. 5600
Program Director: Dr. Labib Ghulmiyyah Ext. 5608
Administrative Chief Resident: Dr. Rouba Obeid Pager 1264
Program Coordinator: Miss. Lina Ghulmiyyah Ext. 5600

All scheduling, evaluations and other personnel management issues are handled through the residency office. The people listed above are your advocates. Feel free to contact them if any problems or questions arise.

Furthermore, you should know that the Program Director and the Chairman believe firmly in an open door policy. You are encouraged to discuss with one or all of them all issues of concern or importance, personal as well as professional.

Commitment of Faculty

1. As role models, we will maintain the highest standards of care, respect the needs and expectations of patients, and embrace the contributions of all members of the healthcare team.

2. We will ensure that all components of the educational program for resident physicians, including our contributions, are of high quality.

3. We will nurture both the intellectual and personal development of residents by fostering academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.

4. We will demonstrate respect for all residents without regard to gender, race, national origin, religion, disability or sexual orientation; and we will cultivate a culture of tolerance among the entire staff.

5. We will ensure that resident physicians have opportunities to frequently participate in various patient care activities and ensure that they are neither assigned excessive clinical responsibilities nor overburdened with services of little or no educational value.

6. We will provide resident physicians with opportunities to exercise graded, progressive responsibility for the care of patients, so that they can learn how to practice their specialty and recognize when, and under what circumstances, they should seek assistance from colleagues thus allowing them to function effectively as members of the healthcare team.

7. In fulfilling the essential responsibility we have to our patients, we will ensure that residents receive appropriate supervision for all of the care they provide during their training.

8. We will evaluate each resident's performance on a regular basis, provide appropriate verbal and written feedback, and document achievement of the competencies required to meet all educational objectives.

9. We will ensure that resident physicians have opportunities to participate in required conferences, seminars and other non-patient care learning experiences and that they have sufficient time for self-learning essential for acquiring the knowledge, skills, attitudes, and behaviors required for practice.

10. We will support residents in their role as teachers of other residents and of medical students.

Commitment of Residents

1. Quality health care and patient safety will always be our prime objectives.

2. We pledge our utmost effort to acquire the knowledge, clinical skills, attitudes and behaviors required to fulfill all objectives of the educational program and to achieve the competencies deemed appropriate for our chosen discipline.

3. We embrace the professional values of honesty, compassion, integrity, and dependability.

4. We will adhere to the highest standards of the medical profession and will demonstrate respect for all patients and members of the health care team without regard to gender, race, national origin, religion, economic status, disability or sexual orientation.

5. As physicians in training, we learn most from being involved in the direct care of patients and from the guidance of faculty and other members of the healthcare team. We understand the need for faculty to supervise all of our interactions with patients.

6. We will secure direct assistance from faculty or appropriately experienced residents whenever we are confronted with high-risk situations or with clinical decisions that exceed our confidence or skill to handle alone.

7. We welcome candid and constructive feedback from faculty and all others who observe our performance, recognizing that objective assessments are indispensable guides to improving our skills as physicians.

8. We also will provide candid and constructive feedback on the performance of our fellow residents, students, and faculty, recognizing our obligation as physicians to participate in peer evaluation and quality improvement.

9. We recognize the rapid pace of change in medical knowledge and the consequent need to maintain our expertise and competency throughout our professional lifetimes.

10. In fulfilling our own obligations as professionals, we pledge to assist both medical students and fellow residents in meeting their professional obligations by serving as their teachers and role models.

Patient Care

Residents are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and end of life care.

- Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic procedures.
- Make informed recommendations about preventive, diagnostic and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preference.
- Develop, negotiate and implement effective patient management plans and integration of patient care.
- Perform competently the diagnostic and therapeutic procedures considered essential to the practice of OB/GYN.
- Inform patient and family of end of life concerns, issues and rights. Work with ancillary services to help with these issues.

Medical Knowledge

Residents are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others.

- Apply an open-minded and analytical approach to acquiring new knowledge.

- Access and critically evaluate current medical information and scientific evidence.
- Develop clinically applicable knowledge of the basic and clinical sciences that underlie the practice of OB/GYN.
- Apply this knowledge to clinical problem solving, clinical decision-making, and critical thinking in patient care.

Practice-Based Learning and Improvement

Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.

- Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care.
- Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice.
- Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care.
- Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education.

Interpersonal and Communication Skills

Residents are expected to demonstrate interpersonal communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

- Provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families and colleagues.
- Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families.
- Interact with consultants in a respectful, appropriate manner.
- Maintain comprehensive, timely, and legible medical records.
- Work effectively as a member of the ward team and the clinic form.

Professionalism

Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession and society.

- Demonstrate respect, compassion, integrity, and altruism in relationships with patients’ families, and colleagues.
- Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues.
- Adhere to principle of confidentiality, scientific/academic integrity, and informed consent.
- Recognize and identify deficiencies in peer performance.
- Remain professional in appearance and behavior in the performance of all duties.
- Participate fully in all educational conferences provided as well as committed, ongoing self-study and reflection.

Systems-Based Practice

Residents are expected to demonstrate both understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.

- Understand, access, and utilize the resources, providers and systems necessary to provide optimal care.
- Understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient.
- Apply evidence-based, cost-conscious strategies to prevention, diagnosis and disease management.
- Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care.

The faculty of the Department of OB/GYN is dedicated to providing the education and leadership necessary to aid the house staff in achieving these competency goals.

The residents’ obligation is to develop a personal program of learning that will foster continued professional growth with guidance from the teaching staff. In addition, they should participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and students.

Residents are required to be appropriately attired at all times, including weekends, nights and holidays. Appropriate attire never includes jeans, tee shirts, shorts or any other informal wear.

Scrubs are appropriate attire only when the resident is working in L&D, scheduled to be in the GYN OR, the night of call and daytime post call.

Lab coats are to be worn in-patient care areas, and should be clean.

Conferences

Mondays
First Monday of every other month at 5:00 p.m. – Video Club

Wednesdays
7:30 a.m. – Grand Rounds
8:30 a.m. – Chart Round/Statistics
11:30 a.m. – PGY1s Lecture
12:00 p.m. – Core Curriculum
Last Wednesday of each month at 5:00 p.m. – Ultrasound Course for Residents

Thursdays
7:30 a.m. – Perinatal Conference (once a month)
7:30 a.m. – Combined OBGYN/Radiology Conference (once every 2 months)
4:00 p.m. – Chairman's Round

Journal Club
Mondays of one month and Thursdays of the following at 5:00 p.m.

Ultrasound Course
Developed by the MFM division and given monthly on the last Wednesday of the month at 5:00 p.m. This course is tailored to residents and will also include a hands-on/simulation module.

Vacation/Leave Policy

The department's vacation/leave policy is based on compliance with the rules of the GME office of AUBMC. No vacation will be granted in June, the last two weeks of December and the first two weeks of January, without exceptional circumstances.

No more than one person from any rotation team can be off in a given week and generally no more than two total residents per week unless special permission is granted.
For this system of civilized call to work, it is YOUR RESPONSIBILITY to request your vacation in WRITING to the Chairman at least FOUR WEEKS before the date (No exceptions allowed). **If your vacation request is not made at least four weeks in advance you will be denied unless special circumstances exist.**

Maternity leave will be granted for up to 5 weeks.

If, within the four years of graduate medical education, the total of such leaves and vacation, for any reason, (e.g., vacation, sick leave, maternity or paternity leave, or personal leave) exceeds nine (9) weeks in any of the first three years of graduate training, or six (6) weeks during the fourth graduate year, or a total of twenty (20) weeks over the four years of residency, the required four years of graduate medical education must be extended for the duration of time the individual was absent in excess of these guidelines.

Work Hours

You are required to sign a duty hours' confirmation once per month. We are working on becoming ACGME accredited.
The ACGME work week rules are as follows:

- Residents are limited to a maximum of 80 duty hours per week, including in-house call, averaged over 4 weeks.
- Residents must be given one day out of 7 free from all clinical and educational responsibilities, averaged over 4 weeks.
- Residents cannot be scheduled for in-house call more than once every three nights, averaged over 4 weeks.
- Duty periods cannot last for more than 24 hours, although residents may remain on duty for six additional hours to transfer patients, maintain continuity of care or participate in educational activities.
- Residents should be given at least 10 hours for rest and personal activities between daily duty periods and after in-house call.

Resident Rounding Responsibilities

Chief Residents Responsibilities

- The Chief Resident (CR) is to function as the attending physician for all OPD patients.
- All OPD patients admitted to floor or Delivery Suite need to have been seen and evaluated by the CR before they are discussed with the attending of the week.
- These patients require a note (by the CR or the PGYII/PGYIII in DS) which reviews the History and Physical (H&P), acknowledges or amends the written H&P, and discusses in detail the assessment and plan.
- OPD patients admitted to Delivery Suite for delivery need a CR note as above (for uncomplicated patients, this may be a brief note).
- All patients admitted for a surgical procedure require a brief CR Pre-Operative note.

PGY 1 through PGY 3 Responsibilities

- You are responsible for following all patients on whom you operated or delivered regardless of the service you are on during the day.
- If the CR has already written a note on your patient, it is still your responsibility to write your own note.
- If you are on the OB, GYN, Delivery Suite service, you are expected to be at the hospital by 6:30 a.m.

Chaperone Policy

A chaperone must be present during any intimate examination performed by a physician. An intimate exam is defined as examination of the pelvic area, genitals or rectum, and breast. If a patient requests a chaperone leave the room, this request should be documented in the patient chart, the patient should sign that documentation and the name of the chaperone should be noted. Otherwise, when a chaperone is present, no documentation is necessary since this is a universal policy.

A chaperone can be the parent of a minor, a spouse or relative accompanying a patient to the office, an office employee (non-clinical), or a clinical employee (nurse, PA, etc.) If not a family member, it is preferable, but not imperative that the individual be of the same sex as the patient.

Also, if a non-clinical employee does not wish to be a chaperone (receptionist, etc.), they should not be forced unless this duty is part of their job description and they are on notice of this duty as part of their job.

Resident Evaluation

The Program Director meets semiannually with each resident for a formal evaluation. This includes discussion of written feedback from faculty, peers, professional staff, medical students and patients regarding your knowledge, skills and growth as a physician. You will have the opportunity to formally voice your own assessment of your progress. A summary statement of each meeting will be included in your file, with your signature acknowledging the contents.

The chairman meets annually with each resident to evaluate his/her overall performance. A summary statement of each meeting will be included in your file, with your signature acknowledging the contents.

All residents take the CREOG In-Training Examination in January of each year. The purpose of the exam is to help guide you and us in planning your educational needs. This test is only one part of your evaluation but it is important. Those residents who score below the 25th percentile (versus their year) will be required to meet with the

program director and plan a self-study program to improve their performance the following year.

Resident Responsibility: Data and Medical Records

It is required that all residency programs provide a minimum number of OB/GYN cases for its residents. This record keeping is not really about you; it is about our program.

DO NOT WASTE ONE SECOND OF YOUR ENERGY THINKING ABOUT ITS COMPLETE IRRELEVANCE TO YOUR BUSY SCHEDULE.

JUST RECORD THE DATA. NO EXCUSES.

IT IS ENTIRELY YOUR RESPONSIBILITY TO KEEP YOUR DATABASE UP TO DATE AND ACCURATE.

Timely completion of all medical records is your professional responsibility. When you graduate and apply for hospital privileges, it is almost universally asked of the Program Director whether you had any issues with medical record completion as a resident. Please remember the Program Director will not hesitate to answer this question with complete honesty. The answer may affect whether you are granted or denied hospital privileges.

Here are the guidelines:

- All written medical records must be complete, accurate and legible.
- If you do not document a patient encounter (e.g. called to see a patient for a fever workup) then it did not happen.
- Medical student notes are NOT a part of the medical record. No matter how well done they are, they have no legal standing. You must document the chart as if the medical student's note was not written and make sure you read the student's note and countersign it.
- All operative dictations must be done within 24 hours of the procedure.
- All discharge summaries must be completed upon discharge.